

S.Q.I.T. Meeting Minutes
January 25, 2010
Video Conference/Call, 1:30 pm – 3:20 pm

Attendance

Region 1 – Laura Richards, Suzy Davis, & Judie Moorehouse

Region 2 – By phone: Kathy Seacrest, Nancy Rippen, & Teresa Ward

Region 3 – Tammy Fiala & Ann Tvrdik

Region 4 – Bev Ferguson, Mandy Tilke, & Amy Stachura

Region 5 – Linda Wittmuss, Stephen Kroll (GAP), Dr. David Furst (Consumer/Family), Kevin Karmazin (Consumer/Family), Eric Sergeant (Medicaid), Pat Kreifels, & Christine McCollister,
Division of Behavioral Health – Sheri Dawson, Dr. Blaine Shaffer, Vicki Maca, Carol Coussons de Reyes,
Jim Harvey, Eric Hunsberger, Dan Powers, Nancy Heller, Sarah Cox, Ann Vogel, Rachel West, Abigail
Anderson and Christine Newell

Region 6 – Kathy Petit & Jean Hartwell

Welcome & Start-Up

Attendees at each site introduced themselves.

Community/Regional QI Reports

Representatives from each region shared recent quality improvement (QI) activities that have been making a difference in their communities.

Review of Proposed Quality of Life Performance Measure for FY10

Sheri Dawson reviewed the quality of life performance measure, the 5 proposed options on the measurement tool(s), and feedback received from the regions regarding the 5 options.

The priority question: Do consumers perceive the services they receive have improved their quality of life?

The 5 options proposed to SQIT at the November meeting for their consideration were:

1. Utilize all of the proposed questions from the Quality of Life Assessment with any suggested modifications.
2. Utilize only one set of questions from the Quality of Life Assessment, either the page with 7 questions or the page with 10 questions.
3. Each provider continues with their existing consumer perception of care questions/process but will add one question, "Has the service provided improved the consumer's quality of life?" Results from only that one question will be sent to the state as the perception of care measure.
4. Ask one open ended question, "After services, my quality of life has changed in these areas (consumer identifies the areas in comment section)."
5. Utilize the tool Pat sent (R5 Proposed MH Recovery Measure) on a statewide basis.

Regions confirmed their recommended option:

Region 1 – Option 3

Region 2 – Whatever the group decides as long as there's consumer involvement

Region 3 – Option 3

Region 4 – Option 3

Region 5 – Option 3

Region 6 – Option 3

Dr. David Furst noted the importance of asking the accompanying question to Option 3 "with great care." He also noted the difference between inclusionary and exclusionary practices, the importance of distinguishing between concrete and therapeutic services, choosing a different euphemism for "problems" in relation to "mental health problems," and suggested using a 5 or 7 point scale as they work better than a scale with fewer options.

Stephen Kroll noted the importance of involving families of consumers as well.

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Sheri confirmed that Option 3 would be used and acknowledged there are still process issues that will need to be worked out. She inquired further as to the current processes out in the regions.

After discussion, Sheri suggested that a smaller group make a final decision on the process/methodology before the final document that has all the instructions is sent out. Concerns can be forwarded to Sheri. Abigail Anderson will arrange the small group conference call early next week among the QI Coordinators and Dr. David Furst.

NOTE: Following the meeting the Regional QI Specialists were contacted on options for methodology. The vote of the group was to add the question to the DBH annual consumer/family survey.

Quality Initiatives Workgroup Update
Co-Occurring Disorders Quality Initiative

There has been lots of volunteers for the Co-Occurring Disorders workgroup. The Division of Behavioral Health (DBH) met internally about workgroup membership and decided that folks invited to participate should represent a body, like a group or organization, so that information can flow both ways. The workgroup will consist of 20 representatives (with representation from the Regional Administrators (RA's), Mental Health Advisory Committee (MHAC), State Advisory Committee on Substance Abuse Services (SACSAS), Problem Gambling Advisory Committee, the regional centers, Medicaid/Magellan, Omaha Co-Occurring Task Force, Office of Consumer Affairs (OCA) will be looking for consumer representatives, Consumer Specialists, Corrections/Probation, Nebraska Behavioral Health Education Center, Tribes, Opioid treatment provider, Division of Public Health and a representative from Veteran's Affairs (VA). Dr. Shaffer will serve as the chair and there will be a neutral facilitator who has not yet been determined. Invitations will be issued within the next two weeks.

Consumer Survey Process Quality Initiative

DBH met internally about the Consumer and Families workgroup as well. Sheri read the "Goals/Desired Outcome" for the workgroup and noted the addition of the word "recommendation" as SQIT is a recommending body to DBH. In addition, some of the "Work Plan and Timelines" were changed slightly to account for DBH doing some of the leg work; this includes collecting "existing consumer and family surveys utilized by DBH funded providers." The workgroup will meet in March to complete #3, #4, #5, and #6 on the list (see attachment B). OCA will decide the chair of the committee and 50% of membership will still be made up of consumers and families. Carol Coussons de Reyes, Administrator of the OCA, added that she'd like to involve individuals who are struggling with employment in the workgroup and for the OCA to help fund getting those folks to the workgroup meetings. Consumer member suggestions can be forwarded to Carol.

Next Steps and Meeting Close

DBH is looking into alternative video conferencing capabilities. The March and May meeting dates and times are still being determined.

Sheri asked whether folks would like to address data reports (like the statewide capacity report, Magellan reports, etc.) at SQIT meetings, responses varied from "yes" to "no, it's a regional management issue." At this time, we will hold on data reports.